

The benefits described in this brochure are part of a comprehensive set of preventive services and screenings covered by Medicare. This brochure provides a basic overview of Medicare's mammography screening, screening Pap test, pelvic screening examination, colorectal cancer screening, and prostate cancer screening benefits.

OVERVIEW

Every year the statistics are getting better. Focusing on the early detection and prevention of cancer has worked! The national mortality rates for most types of cancer have decreased tremendously, and certain cancers can be cured, if detected early. Medicare's cancer screening benefits can help detect cancers earlier when outcomes are best.

MAMMOGRAPHY SCREENING

Screening mammographies are radiologic procedures for the early detection of breast cancer and include a physician's interpretation of the results.

Medicare provides coverage for mammogram screenings annually (i.e., at least 11 full months have passed following the month in which the last Medicare screening mammography was covered) for all female beneficiaries age 40 or older. Medicare also provides coverage of one baseline mammogram for female beneficiaries between the ages of 35 and 39.

Coverage for mammogram screenings is provided as a Medicare Part B benefit. The coinsurance or copayment applies. There is no Medicare Part B deductible for this benefit.

Medicare also covers digital technologies for mammogram screenings. The coinsurance or copayment applies. There is no Medicare Part B deductible for this benefit. In a hospital outpatient setting the coinsurance or copayment applies.

New – As a result of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, effective for claims with dates of service on or after January 1, 2005, Medicare will pay for diagnostic mammography and Computer-Aided Diagnostic (CAD) services based on the Medicare Physician Fee Schedule (MPFS). Payment will no longer be made under the Outpatient Prospective Payment System (OPPS).

SCREENING PAP TESTS

The Pap test (Papanicolaou Smear/Test) is a cytologic examination of a vaginal smear for early detection of cancer (especially of the cervix and uterus), employing exfoliated cells and a special staining technique that differentiates diseased tissue.

Medicare provides coverage of a screening Pap test for all low risk female beneficiaries every two years (i.e., at least 23 months have passed following the month in which the last Medicare-covered screening Pap test was performed).

Medicare provides coverage of a screening Pap test annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered screening Pap

test was performed) for high-risk beneficiaries that meet one (or both) of the following criteria:

- There is evidence that the woman is at high risk (on the basis of her medical history or other findings) of developing cervical or vaginal cancer.
- A woman of childbearing age had an abnormal Pap test that indicated the presence of cervical or vaginal cancer, or other abnormalities during the previous 36 months.

Coverage for a Pap test is provided as a Medicare Part B benefit. The coinsurance or copayment applies for the Pap test collection. There is no Medicare Part B deductible for this benefit. The beneficiary will pay nothing for the laboratory Pap test.

PELVIC SCREENING EXAMINATION

The covered pelvic examination includes a complete physical examination of a woman's external and internal reproductive organs by a health care professional. In addition, the pelvic examination includes a clinical breast examination.

Medicare provides coverage of a screening pelvic examination for all asymptomatic female beneficiaries every two years (i.e., at least 23 months have passed following the month in which the last Medicare-covered pelvic screening examination was performed).

Medicare provides coverage of a pelvic screening examination annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered pelvic screening examination was performed) for beneficiaries that meet one (or both) of the following criteria:

- There is evidence that the woman is at high risk (on the basis of her medical history or other findings) of developing cervical or vaginal cancer.
- A woman of childbearing age had an examination that indicated the presence of cervical or vaginal cancer or other abnormalities during the previous 36 months.

Coverage for the pelvic screening examination is provided as a Medicare Part B benefit. The coinsurance or copayment applies for the pelvic and breast exams. There is no Medicare Part B deductible for this benefit.

COLORECTAL CANCER SCREENING

Medicare provides coverage of colorectal cancer screening tests for all Medicare beneficiaries age 50 and older for the early detection of colorectal cancer. However, there is no minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk. Medicare will provide coverage for the following tests/procedures:

- Fecal Occult Blood Tests
- Flexible Sigmoidoscopy
- Screening Colonoscopy
- Barium Enema (as an alternative to a screening flexible sigmoidoscopy or screening colonoscopy)

Screening Fecal Occult Blood Test

Medicare provides coverage of a screening fecal occult blood test annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered screening fecal occult blood test was performed) for beneficiaries age 50 and older. Payment may be made for an immunoassay-based fecal occult blood test as an alternative to the guaiac-based fecal occult blood test. However, Medicare will provide coverage for one fecal occult blood test per year, not both.

Screening Flexible Sigmoidoscopy

Medicare provides coverage of a screening flexible sigmoidoscopy for beneficiaries age 50 or older based on beneficiary risk. A doctor of medicine or osteopathy must order this screening.

For Beneficiaries at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening flexible sigmoidoscopy once every 4 years (i.e., at least 47 months have passed following the month in which the last Medicare-covered screening flexible sigmoidoscopy was performed) for beneficiaries at high risk for colorectal cancer.

For Beneficiaries Not at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening flexible sigmoidoscopy once every 4 years (i.e., at least 47 months have passed following the month in which the last Medicare-covered screening flexible sigmoidoscopy was performed) for beneficiaries age 50 and older who are not at high risk for colorectal cancer. If the beneficiary has had a screening colonoscopy within the preceding 10 years, then the next screening flexible sigmoidoscopy will be covered only after at least 119 months have passed following the month in which the last covered colonoscopy was performed.

Screening Colonoscopy

Medicare provides coverage of a screening colonoscopy for beneficiaries age 50 or older, and for others at high risk, without regard to age.

For Beneficiaries at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening colonoscopy (or a screening barium enema) once every 2 years for beneficiaries at high risk for colorectal cancer.

For Beneficiaries Not at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening colonoscopy once every 10 years but not within 47 months of a previous screening sigmoidoscopy.

Screening Barium Enema

Medicare provides coverage of a screening barium enema as an alternative to either a screening sigmoidoscopy or a high risk screening colonoscopy.

For Beneficiaries at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening barium enema every 2 years (i.e., at least 23 months have passed

following the month in which the last Medicare-covered screening barium enema was performed) for beneficiaries at high risk for colorectal cancer, without regard to age.

For Beneficiaries Not at High Risk for Developing Colorectal Cancer

Medicare provides coverage of a screening barium enema once every 4 years (i.e., at least 47 months have passed following the month in which the last Medicare-covered screening barium enema was performed) for beneficiaries not at high risk for colorectal cancer, but who are age 50 or older.

Coverage of colorectal screenings is provided as a Medicare Part B benefit. The beneficiary will pay nothing for a fecal occult blood test (there is no coinsurance or copayment and no deductible for this benefit). For all other procedures, the coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

PROSTATE CANCER SCREENING

Medicare covers prostate cancer screening tests once every 12 months for all male beneficiaries age 50 and older (coverage begins the day after the beneficiary's 50th birthday) for the early detection of prostate cancer. Covered screening tests include:

Screening Prostate Specific Antigen (PSA) Blood Test

Medicare provides coverage of a PSA blood test annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered PSA test was performed) for male beneficiaries age 50 or older.

Screening Digital Rectal Examination (DRE)

Medicare provides coverage of a screening DRE annually (i.e., at least 11 months have passed following the month in which the last Medicare-covered screening DRE was performed) for male beneficiaries age 50 or older.

Coverage of a screening PSA blood test and DRE are provided as Medicare Part B benefits. The coinsurance or copayment applies for the DRE after the yearly Medicare Part B deductible has been met. The beneficiary will pay nothing for the PSA blood test; however, the coinsurance or copayment may apply for related services after the yearly Medicare Part B deductible has been met.



FOR MORE INFORMATION

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of these preventive benefits.

You can learn more about coverage, billing, coding, and reimbursement of Medicare's preventive services and screenings at www.cms.hhs.gov/medlearn/preventiveservices.asp on the CMS website, or you may obtain a copy of *The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals* from the Medicare Learning Network.

MEDICARE LEARNING NETWORK (MLN)

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare providers. For additional information visit the Medicare Learning Network's Medlearn web page at www.cms.hhs.gov/medlearn on the CMS website.

FOR BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at www.medicare.gov, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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MAY 2005

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Cancer Screenings

